

## Request for Benefit Calculation

Employer: \_\_\_\_\_

Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_ Benefit Commencement Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

Current Plan Year Information: Hours of Service: \_\_\_\_\_ Compensation: \$ \_\_\_\_\_

Compensation and Service History (please verify our records are correct):

Plan Year	Compensation	Hours of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason of Separation: (Please circle one)

- |                                 |   |
|---------------------------------|---|
| 1. None (Estimated Calculation) | 6. Disability                           |
| 2. Employer Terminated          | 7. Leave of Absence (list reason below) |
| 3. Employee Terminated          | 8. Plan Termination                     |
| 4. Death                        | 9. In-Service Withdrawal                |
| 5. Retirement                   | 10. Other - specify _____               |

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Benefit calculations are billed as "Other Annual Services" in accordance with our engagement letter. Our typical fees are approximately \$550 to determine the benefit and \$150 to process the benefit. Our fees are less if more than one benefit is processed at a time.